

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/560443

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1		1		52						
3			2		1		53						
4	1		1				54						
5			1		1		55						
6			1		1		56						
7			1		1		57						
8			3		1		58						
9			3		1		59						
10			3		1		60						
11			1		1		61						
12			1		1		62						
13			1		1		63						
14			1		1		64						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2		1								
TOTAL DEP.			16		16								
TOTAL CLAIMS			18		18								

BEST AVAILABLE COPY